# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

2934

**1. PLACE OF DEATH**

County..... Registration District No. 791 File No. .....

Township..... Primary Registration District No. 1003 Registered No. 520

City St Louis (No. 1394 a Montclair a St. ..... Ward)

**2. FULL NAME** John P Gutsch

(a) Residence. No. ..... St., 5 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie A Gutsch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20th 1872

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 55 | 2 | 24 | |

8. OCCUPATION OF DEACESED

(a) Trade, profession, or particular kind of work Cigar Salesman

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) St Louis

PARENTS

10. NAME OF FATHER John Gutsch

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) St Louis

12. MAIDEN NAME OF MOTHER Eleanor Emerick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) St Louis

14. INFORMANT Mrs Mamie A Gutsch
(Address) 1394 a Montclair a

15. FILED JAN 15 1928 Mark E Starkoff
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 14th 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan January 12, 1928, to Jan. 14th, 1928, that I last saw h. alive on Jan 12th, 1928, and that death occurred, on the date stated above, at 12 55 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Cerebral Apoplexy

82D

174 Acute (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Hemiplegia (duration) 9 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Theo. W. Conzelman, M. D

Jan 14th, 1928 (Address) 5043 Vernon Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peters

DATE OF BURIAL 1-17 1928

20. UNDERTAKER Arthur J Donnelly

ADDRESS 2039 Wash st

5043